

Exhibit 3

NOTE
This Packet
Was Faxed on
12/18/09
At 1:25 PM

FAX COVER LETTER

PAGES: 12 + Cover Letter

TO: GMAC LOSS MITIGATION

FAX NUMBER: - 1-866-709-4744

SUBJECT: Financial analysis form plus all supporting documents.

FROM: Todd Silber

73 Farnham Road South Windsor Ct. 06074

860-922-4156 Contact.

Account: [REDACTED] 8843



R Reminders:

- If you are receiving retirement benefits, severance pay, or other payments that you did not report previously to this agency, or if an amount you reported has changed, notify the TeleClaim Center as soon as possible.
- In order to maintain eligibility for Unemployment Insurance benefits, you are required to conduct an active search for work in each week in which you claim benefits.
Go to www.mass.gov/dua/worksearch for more information.
- If you refused to work, quit a job or were fired from a job during the week you claimed and you have not notified this agency, contact the TeleClaim Center as soon as possible.
- Address Change? If your address has changed since you last claimed benefits, contact the TeleClaim Center for instructions.



C Caution!

- To detect unreported earnings, this agency matches information on this form weekly with data submitted by all Massachusetts employers to the Department of Revenue. This agency also matches your records with those of other state and federal agencies to confirm that you are eligible for benefits.

Te TeleClaim Center



- Call one of these numbers when you need to speak to a claims agent. Call **1-877-626-6800** if you are calling from area codes 351, 413, 508, 774, and 978. From any other area code, call **1-617-626-6800**.

**TeleCert/WebCabCert
Unemployment Insurance
Benefit Claim Certification by Telephone or Web**

Your unemployment insurance benefit cash check is attached below. Before you cash the check, detach it and keep the stub for your records.



 File every week that you are unemployed or working part-time. (If you worked full-time, you are not eligible for . for benefits for that week and should not file.)

Here's how to file for benefits.

- ✓ **Call:** 617-626-6338 or use the Internet. Go to www.mass.gov/dua (follow the instructions on the screen).
- ✓ **Days/times to file:** Sunday to Friday, from 7:00 a.m. to 7:00 p.m. (same hours on the Internet)
Sunday is the first day of the week you can call to claim benefits for the previous week.
Not available on Saturdays or legal holidays.
- ✓ **Information you will need:**
 - ☐ Your Social Security Number
 - ☐ For Telecert use your 4-digit Personal Identification Number (PIN). For WebCert log in with a User Name & Password.
 - ☐ The amount of your gross earnings if you worked during the week claimed. Include holiday pay.
- ✓ **Answer these three questions:**

You are answering these questions only for the week that you are claiming benefits.

 - ☐ During the week claimed, did you look for work?
 - ☐ During the week claimed, were you able to work and available for work?
 - ☐ During the week claimed, did you work or earn holiday pay?

Failure to report employment and wages while collecting Unemployment Insurance may result in penalties and/or prosecution.
(If you answer "yes" to this question, you will be asked to enter the amount of your earnings in dollars and cents. Include holiday pay. If you do not know how much you earned, you will need to call Telecert again or use WebCert again to report your earnings. This may delay your benefits).

To reactivate your claim:

If you do not claim benefits for even one week - because you returned to work or another reason - your claim will "close". You may reactivate it by calling the DUA TeleClaim Center. Call one of the numbers below to speak to a claims agent.

Form 1042 Rev 03-29-06



TeleClaim Center: Call one of these numbers when you need to speak to a claims agent. Call 1-877-626-6800 if you are calling from area codes 351, 413, 508, 774, and 978. From any other area code, call 617-626-6800.

WEEK ENDING	GROSS EARNINGS	DEP ALLOW	DEDUCTIONS							NET PAYME YMEN
12/12/09	0.00	25.00	EARNINGS 0.00	PENSION 0.00	CHILD SUPP 0.00	OVER PYMT 0.00	FED TAX 0.00	STATE TAX 0.00	HEALTH INS 0.00	679.00.00
SOC SEC ACCT NO XXX-XX-2236	BENEFIT RATE 629.00	CHECK NO 39-552907	CHECK DATE 12/15/09	CHECK AMOUNT 679.00	BALANCE 13608.00					

SEE OTHER
SIDE FOR
REMINDERS



FAX COVER SHEET (This page should be returned to us with your **completed financial analysis form**)
****PLEASE INCLUDE THE ACCOUNT NUMBER ON EVERY PAGE OF YOUR RETURNED PACKAGE****

To: Loss Mitigation	Account Number(s)	8843
From: <u>Todd Silber</u>	or mail to: Loss Mitigation	
Fax to: 1-866-709-4744	Account Number(s)	0011
From: <u>Todd Silber</u>	or mail to: Loss Mitigation	
Fax to: 1-866-709-4744	233 Gibraltar Road Suite 600	
	Horsham PA 19044	

All of the following information must be completed and returned to determine eligibility:

- Financial Analysis Form (Enclosed)
- A copy of the most recently filed signed federal income tax return, including all schedules and forms, for each borrower
- A signed and dated copy of IRS Form 4506T-EZ (Request for Transcript of Tax Return) with all applicable fields completed for each borrower -- (Borrowers who filed their tax returns jointly may send in one IRS Form 4506T-EZ signed and dated by both the joint filers.) (Enclosed)
- Documentation to verify all of the income of each borrower. Please see the chart below for the type of documentation required for each type of income.
- Documentation to verify expenses for Homeowners or Condominium Association Dues for condominiums and Co Ops. Please see the chart below.

TYPE OF INCOME	DOCUMENTATION REQUIRED
For each borrower who is paid by an employer:	<input type="checkbox"/> Copy of the two most-recent pay stubs from your employer <i>including year-to-date information</i> . Pay stubs or other documentation that shows year-to-date income must be submitted. Pay stubs cannot be more than 90 days old. If hired within the fiscal year of 2009, please include your employment start date.
Other earned income (e.g. bonus, commission, fee, housing allowance, tips, and/or overtime)	<input type="checkbox"/> Copy of third party documentation describing the nature of the income (e.g. an employment contract and/or printouts documenting tip income)
For each borrower who is self-employed:	<input type="checkbox"/> Copy of the most recent quarterly or year-to-date profit and loss statement
For each borrower who has benefit income such as Social Security, disability, death benefits, or pension:	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount and frequency of the benefit, AND <input type="checkbox"/> Copies of the two most-recent bank statements or other documentation showing receipt of benefit income. Bank statements cannot be over 90 days old.
For each borrower who has income such as unemployment or public assistance:	<input checked="" type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. Such benefit must continue for at least 9 months to be considered qualifying income. <input type="checkbox"/> Copies of the two most-recent bank statements or other documentation showing receipt of benefit income. Bank statements cannot be over 90 days old.
For each borrower who is relying on alimony or child support as qualifying income:	<input type="checkbox"/> Copy of divorce decree, separation agreement, or other legal written agreement filed with the court that shows the amount of the award and period of time over which it will be received, AND <input type="checkbox"/> Copies of the two most-recent bank statements or other documentation showing receipt of alimony or child support. Bank statements cannot be over 90 days old.
For each borrower who has rental income from an investment property:	<input type="checkbox"/> Copy of the most-recent federal tax return with all schedules, including Schedule E-Supplemental Income and Loss. If the subject property, on which the modification is being requested, is not your primary residence, please include the following: <input type="checkbox"/> Copy of the current lease agreement for this property
For each borrower who has income not specified above:	<input type="checkbox"/> Signed letter from the person(s) that contributes the income showing the amount and frequency of the income. This would include situations where the borrower rents a room of his or her primary residence to another person.

TYPE OF EXPENSE	DOCUMENTATION REQUIRED
For borrower(s) whose property requires Homeowners or Condominium Dues:	<input type="checkbox"/> A letter or billing statement from the Homeowners or Condominium Association or Co Op showing the amount and frequency of dues.

If you want to sell this property, please also include:

- ☐ Copy of the listing agreement
- ☐ Copy of the sales contract, if available
- ☐ Copy of the estimated Settlement Statement (HUD1), if available
- ☐ Signed Third Party Authorization Form

★ Please ^{see} Attached Letter. That was faxed and/or mailed with this Packet.
 I have read and tried to understand All terms IN this Packet.
 Disclaimer: Consider this Packet Void If anywhere I signed Is stating I wish to keep!

FINANCIAL ANALYSIS FORM

Account Number

8843

I want to: <input checked="" type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property	
The property is my: <input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment	
The property is: <input checked="" type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter occupied <input type="checkbox"/> Vacant	
The property is: <input checked="" type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter occupied <input type="checkbox"/> Vacant	
BORROWER	
BORROWER'S NAME <u>Todd Silber</u>	
NUMBER <u>2236</u>	DATE OF BIRTH <u>8-13</u>
HOME PHONE NUMBER WITH AREA CODE <u>860-436-2054</u>	HOME PHONE NUMBER WITH AREA CODE
CELL OR WORK NUMBER WITH AREA CODE <u>860-922-4156</u>	CELL OR WORK NUMBER WITH AREA CODE
MAILING ADDRESS <u>73 Farnham Rd. South Windsor Ct 06074</u>	
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME) <u>SAME</u>	
EMAIL ADDRESS	
Is the property listed for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Have you received an offer on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of offer _____ Amount of Offer \$ _____ Agent's Name: _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please complete counselor contact information below. Counselor's Name: _____ Counselor's Phone Number: _____ Counselor's Email: _____	
Who pays the Real Estate Tax bill on your property? <input type="checkbox"/> I do <input checked="" type="checkbox"/> Lender does <u>ESCROW</u> Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Condominium or HOA Fee <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Paid to: _____	
Who pays the hazard insurance policy for your property? <input type="checkbox"/> I do <input checked="" type="checkbox"/> Lender Does <input type="checkbox"/> Paid by Condo or HOA <u>ESCROW</u> Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Co. _____ Insurance Co. Tel #: _____	
Have you filed for bankruptcy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____ Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Bankruptcy case number _____	
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers. Lien Holder's Name/Service <u>N/A</u> Balance _____ Contact Number _____ Loan Number _____	
HARDSHIP AFFIDAVIT	
I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):	
<input checked="" type="checkbox"/> My household income has been reduced or lost. For example unemployment, underemployment, reduced pay or hours, decline in business earnings, death in family, serious or chronic illness, permanent or short-term disability, incarceration, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members) or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical or health care costs, uninsured losses (such as those due to fires or natural disasters), increased property taxes, or unexpectedly high utilities.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments).
<input type="checkbox"/> Other _____	
Explanation (Required): <u>I have been unemployed from July to Present day. I have Done my Best to stay on top of All my Bills and Responsibility. But in November I could No longer. I was also unemployed Nov 2008 to Feb 2009. But was still able to pay all my Bills. Only Now Can I No longer. I have gone through all Savings. Sold things of worth. But Now I Need help.</u> <u>Please know my main Goal is Keeping this House, food for my children, and keeping the Electricity On.</u>	
If additional space is needed for Explanation, please include an additional page.	

I have been in the Car Business for 8 years. Its Great money, Just look How I was able to pay Bills for some time. I have No doubt that Come Feb or March the latest. I would of Regained employment. Right Now its Tough.

FINANCIAL ANALYSIS FORM
(Continued)

Account Number 8843

INCOME/EXPENSES FOR HOUSEHOLD		NUMBER OF PEOPLE IN HOUSEHOLD	
1 - Monthly Household Income		2 - Monthly Household Expenses/Debt	
Gross Salary/Wages	\$ 4,300.00		
1 - Monthly Household Income		2 - Monthly Household Expenses/Debt	
Gross Salary/Wages	\$ 4,300.00		
Gross salary/wages = total monthly income before any tax withholding or employer deductions.	\$ 2,919.70	First Mortgage Payment	\$ 1,990.80
Overtime	\$ X	Second Mortgage Payment/Liens/Rents	\$ X
Child Support/Alimony*	\$ X	Insurance - hazard, wind, flood, etc (If not escrowed and included in your current mortgage payment)	\$ Escrowed
Social Security/SSDI	\$ X	Property Taxes (If not escrowed and included in your current mortgage payment)	\$ Escrowed
Other monthly income from pensions, annuities or retirement plans	\$ X	Credit Cards/Installment Loan(s) (total minimum payment per month)	\$ 500 - \$ 600
Tips, commissions, bonus and self-employed income	\$ X	Alimony, child support payments	\$ X
Rents Received	\$ X	Health Insurance	\$ X
Unemployment Income	\$ X	HOA/Condo Fees/Property Maintenance	\$ X
Food Stamps/Welfare	\$ X	Car Payments	\$ 209.46
Other (investment income, royalties, interest, dividends etc)	\$ X	Medical Expenses	\$ X
		Child Care	\$ X
		Student Loans/Personal Loans	\$ X
		Auto Expenses /Gasoline/Insurance	\$ 220 - 260
		Food/Household Supplies	\$ 5645 - \$ 750
		Water/Sewer/Utilities/Phone(s)/Cable	\$ 546 - \$ 100
		Other	\$
Total (Gross income)	\$ 2,919.70	Total Debt/Expenses	\$ 4,111.26 - \$ 4,360
		Total Assets	\$ 723.00

Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)

**** ALL INCOME MUST BE DOCUMENTED ****

*Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary. You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

If additional space is needed, please include an additional page.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES	
The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.	
BORROWER <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input checked="" type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native	Race: <input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input checked="" type="checkbox"/> White	<input type="checkbox"/> White
Sex: <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Female
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Male
To be Completed by Interviewer	
This application was taken by:	Interviewer's Name (print or type) & ID Number
<input type="checkbox"/> Face-to-face interview	Interviewer's Signature Date
<input type="checkbox"/> Mail	Interviewer's Phone Number (include area code)
<input type="checkbox"/> Telephone	
<input type="checkbox"/> Internet	

***** - Please Note the Credit CARD Installments and payments are Not a Priority At the Time.**
I have always paid them on time. However me and my family are in emergency mode. My Priorities are. Mortgage, Electricity, Heat, and Food. If we can Get a modification on our Home. We will be just fine.

ACKNOWLEDGEMENT AND AGREEMENT

Account Number

8843

In making this request for consideration to review my loan terms I/We certify under penalty of perjury:

- 1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the
- 1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale or deed-in-lieu of foreclosure.
- 2 I/we understand that the Servicer, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
- 3 I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
- 4 I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my/our home.
- 5 I/we understand any fee to validate the value of the property will be assessed to the account.
- 6 I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
- 7 I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
- 8 I/we am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- 9 I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
- 10 I/we agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
- 11 I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
- 12 I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.
- 13 ☒ My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.
☐ My/Our property is not owner occupied.

Borrower Signature

Date

12/11/09

Co-Borrower Signature

Date

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

888-995-HOPE
Homeowner's HOPE™ Hotline

NOTICE TO BORROWERS

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sigtar.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



Form **4506T-EZ**

(October 2009)

Department of the Treasury
Internal Revenue Service

Short Form Request for Individual Tax Return Transcript

Request may not be processed if the form is incomplete or illegible.

OMB No. 1545-2154

Internal Revenue Service

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first. Todd Silber	1b Identification number on tax return 2236
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code
73 Farnham Rd. South Windsor Ct 06074

4 Previous address shown on the last return filed if different from line 3

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name GMAC Loss Mitigation 233 Gibraltar Road Suite 600 Horsham PA. 19044	Telephone number
Address (including apt., room, or suite no.), city, state, and ZIP code	

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.


2008 **2007** **2006** **2005**

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign Here	Signature (see instructions) 	Date 12/10/09	Telephone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form **4506T-EZ** (10-2009)

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Where to mail . . .

If you filed an individual return and lived in:

Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia

Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address

Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming

Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
P.O. Box 47-421
Stop 91
Doraville, GA 30362
770-455-2335

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
512-460-2272

RAIVS Team
Stop 37106
Fresno, CA 93888
559-456-5876

RAIVS Team
Stop 6705-B41
Kansas City, MO 64999
816-292-6102

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see Where to file on this page.

8843

To whom it may concern,

Attached is my current Unemployment compensation stub. The stub reflects \$679 paid weekly, with a balance of \$13608.00. This balance provides 20 more weeks of Unemployment compensation. However, please understand that there are extensions that I will qualify for (since I was in the Auto Business) that will surpass your 9 month requirement.

20 weeks left currently

Plus the first extension: **October 2 Update:** Senator Max Baucus, Chairman of the Finance Committee, introduced legislation - the Emergency Unemployment Compensation Act of 2009 - that provides additional weeks of federal unemployment benefits to workers in all states. Baucus and Senate Majority Leader Harry Reid propose four extra weeks of extended unemployment benefits for all states, plus 13 additional weeks for the 27 hardest-hit states.

Connecticut falls in the parameter of the "27 hardest hit states" [REDACTED]

This extension provides 17 more weeks

Second extension: **November 6 Update:** President Obama has signed the unemployment extension legislation. Check with your state unemployment office for details on when payments will start being made. The extension provides for 14 weeks of extended benefit coverage for every state and an additional 6 weeks, for a total of 20 weeks, in high unemployment states where unemployment is over 8.5%.

Again, Connecticut is unfortunately over 8.5%

This extension provides another 20 weeks

Now these 2 first extensions alone plus my current benefit time is 57 weeks, totaling over 1 year.

Please understand I have no intention of staying unemployed that long. Come spring time the latest I will land back in a car dealership. Please also understand I was laid off back in July of 09 and have gone through all of my savings. I did not think I would be unemployed this long. This is the down side to the auto business, great money while employed, but hit turn around. While employed in the auto business, my history and experience grants me a pretty high paying salary. So even though I was laid off in July, I was able to live off most of my savings and pay all my bills up until November. Currently I am not behind on any other bills other than my mortgage. But I can no longer survive off unemployment alone, and still pay all my bills. I hope that the fact I kept trying and staying above "water" for the past 4 months will show some character. I did not reach for handouts and help from all sources nor did I stop paying bills upon my layoff back in July. I fought every day to find work and stay on top of all my financial obligations. At this time I have to prioritize, I am the sole provider for my 2 children. My priorities are keeping my house, keeping the heat and electricity on, and keeping food on the table. As soon as GMAC

8843

can help me the better and at the same time I will then contact a credit card consolidation program to consolidate my credit card dept if need be as well. But again I have to focus on Keeping my house, food consolidate my credit card dept if need be as well. But again I have to focus on Keeping my house, food for my children and heat and electricity.

Sincerely Todd Silber



Transaction History

Disclaimer

Disclaimer

The transactions and balances shown below may differ from your records because it may not include deposits in progress, outstanding checks, or other withdrawals, payments, purchases or charges. This report is for information only.

Account Title/Address:

TODD SILBER
73 FARNHAM RD

SOUTH WINDSOR, CT 06074

Customer Name:

TODD SILBER

Acct #: 4443

Acct Type: VIP FREE INTEREST CHECKING

Balance: \$804.55

Total Available Balance: \$125.55

Last Statement Date: 11/20/2009

History search parameters

Transaction

Type: DDA Transactions

Amount

From:

To:

Date

From: 12/01/2009

To: 12/18/2009

Pending Transactions

Post Date	Transaction Type	Description	Check #	Amount/Rate
12/18/2009	DEPOSIT	DEPOSIT	0000100000	679.00

Posted Transactions

Post Date	Transaction Type	Description	Check #	Amount/Rate	Resulting Balance
12/17/2009	CK CRD SIGNATURE PURCH	ALEXIAS PIZZA 4821714334435765	0000000000	30.08	\$125.55
12/17/2009	CK CRD PIN PURCHASE	GEISSLER'S SUPER MARKEGEI 5346	0000000000	22.12	\$155.63
12/16/2009	CK CRD PIN PURCHASE	OCEAN STATE JOB LOOCEAN S 5040	0000000000	22.15	\$177.75
12/16/2009	CK CRD PIN PURCHASE	MANCHESTER IRVINGMANCHEST 022	0000000000	46.84	\$199.90
12/15/2009	ACH WITHDRAWAL	Credit One Bank Payment 93	0000000935	40.00	\$246.74
12/15/2009	ACH WITHDRAWAL	GENESIS WEB BANK Payment 09	0000000937	45.00	\$286.74
12/15/2009	ACH WITHDRAWAL	JCPENNEY/GEMB CHECKPAYMT 09	0000000936	60.00	\$331.74
12/14/2009	CK CRD SIGNATURE PURCH	FAS 316 MART 1	0000000000	12.06	\$391.74
12/14/2009	CK CRD SIGNATURE PURCH	GEISSLER'S SUPERMA 1	0000000000	26.46	\$403.80
12/14/2009	POD INCLEARING CHECKS	PAID CHECK	0000000933	126.09	\$430.26
12/14/2009	CK CRD SIGNATURE PURCH	BJ'S WHOLESALE 184 53888743344	0000000000	132.47	\$556.35
12/14/2009	CK CRD SIGNATURE PURCH	BJ'S WHOLESALE 184 53889543344	0000000000	142.23	\$688.82
12/14/2009	ACH WITHDRAWAL	SEARS PAYMENT CHECK PYMT 09	0000000934	40.00	\$831.05
12/14/2009	CK CRD PIN PURCHASE	SOU JCPENNEY STORE 532SOU 0003	0000000000	65.00	\$871.05
12/11/2009	CK CRD PIN PURCHASE	TANDY LEATHER 105TANDY LE 001	0000000000	32.86	\$936.05
12/11/2009	WITHDRAWAL AT ATM	1695 ELLINGTON RD 115719433443	0000000000	440.00	\$968.91
12/10/2009	CK CRD PIN PURCHASE	STOP & SHOP #699STOP & SH 001	0000000000	8.80	\$1,408.91
12/10/2009	DEPOSIT	DEPOSIT	0000000000	1,358.00	\$1,417.71
12/09/2009	CK CRD SIGNATURE PURCH	HIGASHI JAPANESE R 00109843344	0000000000	10.95	\$59.71
12/09/2009	CK CRD SIGNATURE PURCH	BLIZZARD ENT*WOW S	0000000000	14.99	\$70.66

2 Checks Deposited
1 wk before
1358.00
\$1479



Transaction History Continuation

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TODD SILBER

ACCT # 4443

VIP FREE INTEREST CHECKING

Results

Post Date	Transaction Type	Description	Check #	Amount/Rate	Resulting Balance
12/09/2009	ONLINE TRNSF-IMMEDIATE	TFR TO CK 0018870396	0000000000	50.00	\$85.65
12/08/2009	CK CRD SIGNATURE PURCH	BLIZZARD ENT*ELEC	0000000000	19.99	\$135.65
12/08/2009	CK CRD SIGNATURE PURCH	BLIZZARD ENT*BC UP	0000000000	29.99	\$155.64
12/08/2009	CK CRD SIGNATURE PURCH	BLIZZARD ENT*BC UP	0000000000	39.99	\$185.63
12/07/2009	CK CRD PIN PURCHASE	USPS 0875140174/850 CLUSP 0026	0000000000	7.34	\$225.62
12/07/2009	ACH WITHDRAWAL	LOWES/GEMB CHECKPAYMT 09	0000000928	40.00	\$232.96
12/07/2009	ACH WITHDRAWAL	HOME DEPOT CR SV CHECK PYMT 09	0000000930	190.00	\$272.96
12/04/2009	ONLINE TRNSF-IMMEDIATE	TFR TO CK 0018870396	0000000000	40.00	\$462.96
12/03/2009	ACH WITHDRAWAL	HSBC CREDIT SVC2 CHECKPAYMT 92	0000000929	20.00	\$502.96
12/03/2009	WITHDRAWAL AT ATM	1695 ELLINGTON RD 115719433443	0000000000	340.00	\$522.96
12/02/2009	POD INCLEARING CHECKS	PAID CHECK	0000000932	209.27	\$862.96
12/02/2009	ACH WITHDRAWAL	YANKEE GAS CHECKPAYMT 93	0000000931	72.70	\$1,072.23
12/01/2009	CK CRD SIGNATURE PURCH	BLIZZARD ENT*WOW S	0000000000	25.00	\$1,144.93
12/01/2009	CK CRD SIGNATURE PURCH	BLIZZARD ENT*WOW S	0000000000	30.00	\$1,169.93

End of Report

8843

Fax



1-866-709-4744
1-866-709-4744

Monday, January 11, 2010

To: GMAC
Loss Mitigation

From: Todd Silber

LOAN: [REDACTED] 8843

Subject: 2008 TAX Returns

Memo:

My loss mitigation Packet was sent Back on 12/11/2009.
Having Heard No Contact from GMAC, My Counselors (familiar with
HAMP program, and Assisting families with Gov. Sanctioned Re-FI/modifications)
they Instructed me to call. I was told you ^{are} missing my 2008 Returns.
This fax includes them, Please let me know if you need any
further forms from me. Please do not wait 30 Days of wait for me
to call. I could of sent any missing Documents out weeks ago.

Please Call me at 860-922-4156, you have full permission to call
my cell phone - 860-922-4156 this is my only Phone Contact Available.

The other Number you have on File is emergency out bound calls only phone
there is No Answering machine and the Ring is turned off.

12-12020-mg Doc 8828-3 Filed 07/01/15 Entered 07/01/15 18:20:06 Exhibit 3
Page 16 of 17
GMAC Loan Number 8843

Tax and Credits	38	Amount from line 37 (adjusted gross income).....	38	86,882
	39a	Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes <input type="checkbox"/> If: <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. checked ▶ 39a		
Standard Deduction Deduction for -- • People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dep., see inst. • All others: Single or Married filing separately, \$5,450 Married filing jointly or Qualifying widow(er), \$10,900 Head of household, \$8,000	b	If your spouse itemizes on a separate return or you were a dual-status alien, see inst. and check here ▶ 39b		
	c	Check if standard deduction includes real estate taxes or disaster loss (see inst.) ▶ 39c		
	c	Check if standard deduction includes real estate taxes or disaster loss (see inst.) ▶ 39c		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	28,382
	41	Subtract line 40 from line 38	41	58,500
	42	If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see instructions. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d.	42	14,000
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	44,500
	44	Tax (see inst.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	6,194
	45	Alternative minimum tax (see instructions). Attach Form 8251	45	
	46	Add lines 44 and 45	46	6,194
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child & dependent care expenses. Attach Form 2441	48	
	49	Credit for the elderly or the disabled. Attach Schedule R	49	
	50	Education credits. Attach Form 8863	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit (see instructions). Attach Form 8901 if required	52	1,400
	53	Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 47 through 54. These are your total credits	55	1,400
	56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-	56	4,794
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60	Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	60	
	61	Add lines 56 through 60. This is your total tax	61	4,794
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	10,153
	63	2008 estimated tax payments & amt. applied from 2007 return	63	
If you have a qualifying child, attach Schedule EIC.	64a	Earned income credit (EIC)	64a	
	b	Nontaxable combat pay election <input type="checkbox"/> 64b		
	65	Excess social security and tier 1 RRTA tax withheld (see inst.)	65	
	66	Additional child tax credit. Attach Form 8812	66	
	67	Amount paid with request for extension to file (see instructions)	67	
	68	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	68	
	69	First-time homebuyer credit. Attach Form 5405	69	
	70	Recovery rebate credit (see instructions)	70	
	71	Add lines 62 through 70. These are your total payments	71	10,153
	Refund	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72
Direct deposit? See inst. and fill in 73b, 73c, and 73d, or Form 8888.	73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here.	73a	5,359
	b	Routing no. 1 2 2 2 3 1 3 0 4 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account no. 2 2 3 6		
	74	Amt. of line 72 you want applied to your 2009 estimated tax	74	
Amount You Owe	75	Amount you owe. Subtract line 74 from line 61. For details on how to pay, see instructions	75	
	76	Estimated tax penalty (see instructions)	76	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)?... <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No		
Designee's name	PREPARER	Phone no.	Personal identification number (PIN)
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation MARKETING MANAGER Daytime phone number
	Spouse's signature, if a joint return, both must sign.	Date	Spouse's occupation

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, & ZIP code	EIN		7955
	TAXES 1ST LLC 756 PARK AVE Bloomfield, CT 06002	Phone no.		(860) 836-0036

6MCL Loan Number 8843

Department of the Treasury -- Internal Revenue Service
Form 1040 U.S. Individual Income Tax Return 2008 (99) IRS Use Only -- Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning 2008, ending OMB No. 1545-0074

Label Use the IRS label. Otherwise, please print or type.

TODD SILBER
TODD SILBER
73 FARNHAM ROAD
South Windsor CT 06074

Your social security number
2236
Spouse's social security no.
Spouse's social security no.

▲ You must enter your SSN(s) above. ▲
 Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☐ **You** ☐ **Spouse**

Filing Status

1 ☐ Single
 2 ☐ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately. Enter spouse's SSN above and full name here.
 4 ☒ Head of household (with qualifying person). (See inst.) If qualifying person is a child but not your dependent, enter child's name here.
 5 ☐ Qualifying widow(er) with dependent child (see inst.)

Exemptions If more than four dependents, see instructions.

6a ☒ **Yourself.** If someone can claim you as a dependent, do not check box 6a
 b ☐ **Spouse**
 c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see inst.)
MADISON	SILBER	6967	Daughter	<input checked="" type="checkbox"/>
ALISON	GILBERT	4485	Daughter	<input checked="" type="checkbox"/>
MALINDA	JOHNSTON	8009	Other	

Boxes checked on 6a and 6b: 1
 No. of children on 6c who:
 • lived with you: 2
 • did not live with you due to divorce or separation (see inst.):
 Dependents on 6c not entered above: 1
 Add numbers on lines above: 4

d Total number of exemptions claimed 4

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 86,610
 8a Taxable interest. Attach Schedule B if required 41
 b Tax-exempt interest. Do not include on line 8a
 9a Ordinary dividends. Attach Schedule B if required
 b Qualified dividends (see instructions)
 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)
 11 Alimony received
 12 Business income or (loss). Attach Schedule C or C-EZ
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. -2,279
 14 Other gains or (losses). Attach Form 4797
 15a IRA distributions 15a Taxable amount 15b
 16a Pensions and annuities 16a Taxable amount 16b
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
 18 Farm income or (loss). Attach Schedule F
 19 Unemployment compensation 2,510
 20a Social security benefits 20a Taxable amount (see inst.) 20b
 21 Other income
 22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** 86,882

Adjusted Gross Income

23 Educator expenses (see instructions)
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106/2106-EZ
 25 Health savings account deduction. Attach Form 8889
 26 Moving expenses. Attach Form 3903
 27 One-half of self-employment tax. Attach Schedule SE
 28 Self-employed SEP, SIMPLE, and qualified plans
 29 Self-employed health insurance deduction (see instructions)
 30 Penalty on early withdrawal of savings
 31a Alimony paid b Recipient's SSN
 32 IRA deduction (see instructions)
 33 Student loan interest deduction (see instructions)
 34 Tuition and fees deduction. Attach Form 8917
 35 Domestic production activities ded. Attach Form 8903
 36 Add lines 23 through 31a and 32 through 35 0
 37 Subtract line 36 from line 22. This is your **adjusted gross income** 86,882

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see Instructions.

Form 1040 (2008)